

CERTIFICATE OF PUBLIC ACCOUNTING EXPERIENCE

Submit to: Nebraska Board of Public Accountancy, P.O. Box 94725, Lincoln, NE 68509

Note to Applicant and Employer Completing Form: The Nebraska Public Accountancy Act (Section 1-136.02) provides that a permit to engage in the practice of public accountancy may be issued to a CPA certificate holder who has had two years of public accounting experience satisfactory to the board, in any state, in practice as a certified public accountant, or in employment as a staff accountant by anyone engaging in the practice of public accountancy, or in any combination of either such types of experience. **THIS FORM MUST BE SIGNED AND NOTARIZED BY BOTH THE APPLICANT (SEE REVERSE) AND EMPLOYER.**

THIS FORM MUST BE SENT WITH THE INITIAL PERMIT TO PRACTICE APPLICATION. Experience will not be reviewed unless it accompanies the above application. The Initial Permit to Practice Application is only available by contacting the Board offices at 402-471-3595 or 1-800-564-6111 (in Nebraska only).

The Board may issue a permit under subdivision (1)(a) of section 1-136 to a holder of a reciprocal certificate issued under section 1-124 upon a showing that: (a) He or she meets all current requirements in this state for issuance of a permit at the time the application is made; or (b) At the time of the application for a permit the applicant, within the ten years immediately preceding application, has had at least five years experience outside this state in the practice of public accountancy as a sole proprietor or as a staff accountant.

EFFECTIVE JANUARY 7, 2000, THE BOARD DESIGNATED THE PUBLIC ACCOUNTING EXPERIENCE REQUIREMENT AS REPRESENTING 4,000 HOURS IN A PERIOD OF NOT LESS THAN TWO YEARS, WITHIN A LICENSED, REGISTERED CPA FIRM, AND UNDER THE DIRECT SUPERVISION OF A CPA WITH AN ACTIVE PERMIT TO PRACTICE. That CPA must complete this form and Board personnel will then verify the permit of the CPA and the employing CPA firm before the experience will be accepted.

Legal Name of Applicant: _____
(First Name) (Middle Name) (Last Name)
NE CPA Certificate #: _____ Social Security #: _____ Daytime Phone #: _____

CERTIFICATION BY CPA:

"I certify that the above named applicant has obtained satisfactory public accounting experience in a CPA firm under my direct supervision by achieving:

_____ (number) hours of qualified experience from _____ (MM/DD/YY) TO _____ (MM/DD/YY)."

Are you aware of any reason(s) why a permit to practice should NOT be issued to the above applicant?

_____ "YES" (Attach explanation to this form) _____ "NO"

NAME OF CPA (Type or print legibly) _____

CPA Certificate # _____ State of Issuance _____ Social Security # _____

Current License/Permit to Practice # _____ State of Issuance _____

NAME OF CPA FIRM _____

Address _____
(Street) (City) (State) (Zip Code)

Telephone # _____ Fax # _____

CPA's SIGNATURE

DATE

STATE OF _____)
) ss.
COUNTY OF _____)

Before me, a notary public, in and for the county and state aforesaid, personally appeared _____
known to me to be the person named, who, being duly sworn, deposes and says that the signature hereto is his/her own
signature. Given under my hand, this, the _____ (day) of _____ (month), _____ (year).

(Seal)

Notary Public

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CERTIFICATION BY APPLICANT:

LEGAL NAME OF APPLICANT _____

Address _____

(Street)

(City)

(State) (Zip Code)

Telephone # _____ Fax # _____

"I have reviewed the previous page with the hours, dates, CPA and firm information listed regarding my experience and certify that all information is complete and accurate. I have enclosed the **Initial Permit to Practice application** with this form."

APPLICANT's SIGNATURE _____

DATE _____

STATE OF _____)

) ss.

COUNTY OF _____)

Before me, a notary public, in and for the county and state aforesaid, personally appeared _____ known to me to be the person named, who, being duly sworn, deposes and says that the signature hereto is his/her own signature. Given under my hand, this, the _____ (day) of _____ (month), _____ (year).

(Seal)

Notary Public